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I hereby certify that this paper or fee is being deposited with sufficient postage utilizing the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR §1.10 on the date indicated above and is addressed to Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Typed or prigted name of person mailing)

(Signature of person mailing)

U.S. APPLICATION NO. (if known, see 37 CFR 1.5) 10/525,299		INTERNATIONAL APPLICATION NO. PCT/EP2003/09005				ATTORNEY DOCKET NUMBER 85017	
21. The following fees are submitted:						Applicant use	Office use only
□ a) Basic national fee						\$	
□ b) Examination fee						\$	
므 c) Search fee						\$	
TOTAL OF ABOVE CALCULATIONS =						\$	
Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			RATE		
30 - 100 =	0 / 50 =	1		х	\$250.00	\$	
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).						\$:
CLAIMS	NUMBER FILED		NUMBER EXTRA		RATE		
Total claims	19	- 20 =	0	×	\$50.00	\$ 0.00	
Independent Claims	1	- 3 =	0	x	\$200.00	\$ 0.00	
MULTIPLE DEPENDENT CLAIM(S) (if applicable) \$360.00						\$	
TOTAL OF ABOVE CALCULATIONS =						\$ 0.00	
Applicant(s) assert entitlement to Small Entity Status (37 CFR 1.27), thus reducing the filing fee by half to:						\$ 0.00	
SUBTOTAL =						\$ 0.00	
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).						\$	
TOTAL NATIONAL FEE =						\$ 0.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property.						\$	
TOTAL FEES ENCLOSED =						\$ 0.00	
AMOUNT TO BE:						Refunded	\$
						Charged	\$ 0.00
 a. □ A check in the amount of \$ to cover the above fees is enclosed. b. □ Please charge my Deposit Account No. 06-1135 in the amount of \$ to cover the above fees. A duplicate copy of this sheet is enclosed. c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed. NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status. 							
120 South LaSalle Street, Suite 1600 SIGNAT						Hangles R	

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